

LAP4 Rec'd PGT/PTO 30 DEC 2005
PCT

PATENT
Client Reference Number: WH-3

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand filed with the United States Patent and Trademark Office in
Washington, DC. 20231

on December 30, 2005
(Date)

Typed or printed name of person signing this certificate

Dr. O. M. (Sam) Zaghmout
Signature Sam Zaghmout

Attachments: 1. A fully executed Declaration (37 CFR 1.63)-four pages. 2. Power of attorney (three pages). 3. form
PTO-2038.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Eswaran Krishnan IYER,
Dilip Gopalkrishna SAOJI,
Rasendrakumar Jahantilal JHA

Title: ORAL COMPOSITIONS FOR TREATMENT OF DISEASES

Filing Date: Not assigned.

Application Serial Number: 10/533,670

Examiner: Not assigned.

Mail Stop: PCT

Customer number: 000058478

Lorton, Virginia, 2005 December 30, Friday

SUBMISSION OF A FULLY EXECUTED DECLARATION (37 CFR 1.63)
and POWER OF ATTORNEY

Honorable Commissioner for Patents
P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached herewith are fully executed Declarations (37 CFR 1.63) and Power of
Attorneys for the subject patent application.

Please charge \$130 Late declaration Surcharge on our credit card (the form PTO-2038 is
enclosed).

Applicants respectfully request favorable consideration of the present application and a
timely examination of the pending claims.

Should any official at the United States Patent and Trademark Office deem that any
further action by the Applicants or Applicants' undersigned representative is desirable and/or
necessary, the official is invited to telephone the undersigned at the number set forth below.

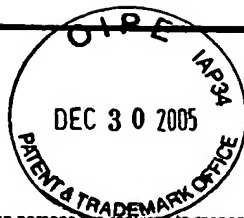
Respectfully submitted,

By: Sam Zaghmout

O. M. (Sam) Zaghmout Ph.D
Registration No. 51,286

Contact Information:

Bio Intellectual Property Service (BIO IPS) LLC
8509 Kernon Ct, Lorton, VA 22079. USA
Cell Phone (703-919-4348), Fax: (703-550-0409)
(703) 550-1968 (Voice/Fax)



PTO/SB/01 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

WH-3

First Named Inventor

Eswaran Krishnan IYER

COMPLETE IF KNOWN

Application Number

Not assigned

Filing Date

Not assigned

Art Unit

Not assigned

Examiner Name

Not assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ORAL COMPOSITIONS FOR TREATMENT OF DISEASES

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

24 July 2003

as United States Application Number or PCT International

Application Number

PCT/IB2003/002949

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

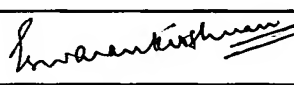
(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number.		58478		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Dr. O. M. (Sam) Zaghmout					
Address 8509 Kernon Ct					
City Lorton		State VA		ZIP 22079	
Country USA		Telephone 703-550-1968		Email BiolPS@BiolPS.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Eswaran Krishnan				Family Name or Surname IYER	
Inventor's Signature 				Date Nov 25, 2005	
Residence: City MUMBAI	State MAHARASHTRA	Country INDIA	Citizenship INDIAN		
Mailing Address WOCKHARDT TOWERS; BANDRA KURLA COMPLEX; BANDRA (EAST)					
City MUMBAI	State MAHARASHTRA	Zip 400051	Country INDIA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Dilip Gopal Krishna				Family Name or Surname SAOJI	
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	Zip	Country		
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:



The address associated with Customer Number:

58478

OR



Correspondence address below

Name

Dr. O. M. (Sam) Zaghmout

Address

8509 Kernon Ct

City

Lorton

State

VA

ZIP

22079

Country

USA

Telephone

703-550-1968

Email

BioIPS@BioIPS.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Eswaran Krishnan

Family Name or Surname

IYER

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Dilip Gopalkrishna

Family Name or Surname

SAOJI

Inventor's Signature

Date

Residence: City

AURANGABAD

State

MAHARASHTRA

Country

INDIA

Citizenship

INDIA

Mailing Address

PLOT NO 144-D, N-1, SECTOR-A, CIDCO

AURANGABAD, Maharashtra, INDIA

City

AURANGABAD

State

MAHARASHTRA

Zip

431003

Country


INDIA



Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

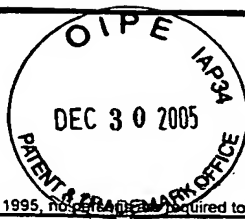
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>3</u> of <u>3</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rasendrakumar Jahantilal		JHA	
Inventor's Signature 		Date <u>Nov. 25, 2005</u>	
Residence: City <u>MUMBAI</u>	State <u>MAHARASHTRA</u>	Country <u>INDIA</u>	Citizenship <u>INDIAN</u>
Mailing Address <u>WOCKHARDT TOWERS, BANDRA-KURLA COMPLEX, BANDRA (EAST)</u>			
City <u>MUMBAI</u>	State <u>MAHARASHTRA</u>	Zip <u>400051</u>	Country <u>INDIA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not assigned
Filing Date	Not assigned
First Named Inventor	Eswaran Krishnan IYER
Title	ORAL COMPOSITIONS FOR TREATMENT ..
Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kemon Ct

City Lorton State VA Zip 22079

Country USA

Telephone 703-550-1968 Email BiolIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

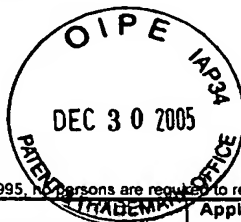
Signature	<i>Eswaran Krishnan Iyer</i>	Date	Nov 25, 2005
Name	Eswaran Krishnan IYER	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not assigned
Filing Date	Not assigned
First Named Inventor	Eswaran Krishnan IYER
Title	ORAL COMPOSITIONS FOR TREATMENT ...
Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

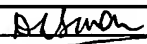
☒ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bio Intellectual Property Services (Bio IPS) LLC				
Address	8509 Kernon Ct				
City	Lorton	State	VA	Zip	22079
Country	USA				
Telephone	703-550-1968	Email	BioIPS@BioIPS.com		

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

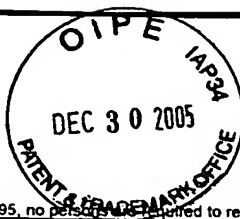
Signature		Date	Dec. 5, 05
Name	Dilip Gopalkrishna SAOJI	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not assigned
Filing Date	Not assigned
First Named Inventor	Eswaran Krishnan IYER
Title	ORAL COMPOSITIONS FOR TREATMENT ...
Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kemon Ct

City Lorton State VA Zip 22079

Country USA

Telephone 703-550-1968 Email BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Nov 25, 2005
Name	Rasendrakumar Jahantilal JHA	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.